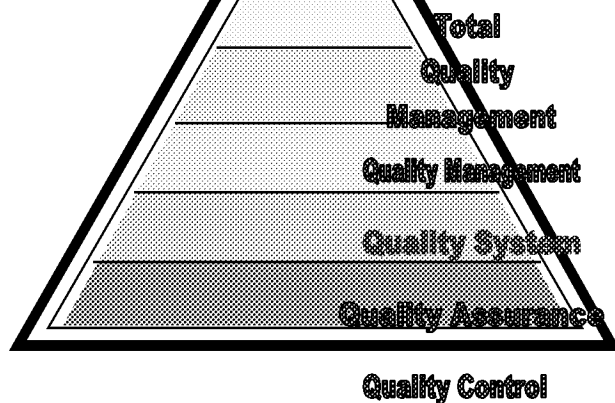


Quality System Primer



For All Laboratorians

Tuesday, June 25, 2003

12:00 – 4:00 p.m.

State Laboratory Institute
305 South Street
Jamaica Plain, MA

Speaker

Anna J. DeMarinis, MA, MT(ASCP)

Ms. DeMarinis is a private consultant who provides regulatory, clinical and program evaluation consulting services. She is also an adjunct professor at Northeastern University in the Medical Laboratory Sciences Department.

Program Description

This half-day basic program will introduce the laboratory professional to the fundamentals of a laboratory quality system.

Sessions will:

- Summarize the adaptation of ISO 9001 (Quality Management System) into a standards framework for organizing the laboratory quality system NCCLS Approved Guideline HS1-A (A Quality System Model for Health Care).
- Review the Quality System Essentials and identify strategies for fulfilling them.
- Discuss the roles of regulatory agencies and accrediting bodies in compliance oversight and implementation.
- Make suggestions for implementing a laboratory quality system.

Sponsored by:

State Laboratory Institute
Massachusetts Department of Public Health

&

National Laboratory
Training Network



This program is free but pre-registration is required. Call Ext. 6608 to register, please state that you are registering for the Quality System Primer then leave your name and extension.

National Laboratory Training Network REGISTRATION FORM

FORM APPROVED
OMB NO. 0920-0017
EXP. DATE 4/30/2003

NAME AND ADDRESS OF APPLICANT (Please type or print.)

(Dr., Mr., Mrs., Miss) Ms.		(First) Sonja	(M.I.) J.	(Last) Farak
Social Security Number 037-56-9138			E-mail Address Sonja.Farak@dph.state.ma.us	
Position Title Chemist I	Length of Time in Profession 6 weeks	State Licensure	Certification/Specialty	
Employer's Name Massachusetts Department of Public Health		Work Phone Number 617-983-6630		
Address 305 South St.		Work Fax Number		
City Jamaica Plain	State MA	Zip or Country 02131		

COURSE DESIRED

NE9203	Date June 24, 2003	Location Jamaica Plain, MA
Course Title Quality System Primer : For All Laboratorians		

(Signature of Applicant)

(Date)

We also need to know your Social Security

~~Number. This is voluntary and collected under~~

THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER

The information requested on this form is collected under the authority of 42 U.S.C., Section 243. The requested information is used only to process and evaluate your application for training and may be disclosed (for verification purposes) to your employer, group leader, educational institution, etc. as necessary. An accounting of such disclosures will be furnished to you upon request. No applicant may receive continuing education credits unless a completed application form is received. Furnishing the information requested on this form, including your Social Security Number (SSN), is voluntary. The SSN is used for identity verification purposes and prevents the assignment of more than one identifying number to the same individual. If you do not wish to submit a SSN, CDC will assign a unique identifier.

Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

CDC 32.1 REV 3/30/2000

TYPE OF EMPLOYER
Please review all categories before circling appropriate one.
(Circle one number.)

- (01) State and Territorial Health Department
- 02 Other State & Territory Employer
- 03 Local, City or County Health Dept.
- 04 Other Local Government Employer
- 05 CDC
- 06 Other CDC Employer
- 09 U.S. Food & Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Hospital
- 15 Other Federal Government Employer
- 16 Foreign Employer
- 17 Private/Community Hospital
- 19 College/University
- 21 Private Industry
- 23 Private Clinical Laboratory
- 24 Physician Office Lab/Group Practice
- 25 Hospital-State Funded
- 26 Hospital-City/County Funded
- 28 Health Maintenance Organization
- 30 Other

OCCUPATION
(Circle one number.)

- 01 Physician
- 02 Veterinarian
- (04) Laboratorian
- 05 Nursing
- 06 Sanitarian
- 07 Industrial Hygienist
- 08 Administration
- 09 Water Treatment Operator
- 11 Safety Professional
- 12 Other

EDUCATION LEVEL
(Circle Highest Level Attained.)

- 01 Some High School
- 02 High School Graduate
- 03 Some College
- 04 Associate Degree
- (05) Bachelor Degree
- 06 Masters Degree
- 07 Doctoral Degree-MD
- 08 Doctoral Degree-Other than MD
- 09 Technical/Hospital School
- 10 Other

PAYMENT INFORMATION

Fee: \$35.00

Registration Deadline: March 10, 2003

Payment Options (Please check one.)

Credit Card Information

<input type="checkbox"/> Enclosed is my check or money order payable to APHL.	Cardholder's Name (Please print.)
<input type="checkbox"/> Enclosed is a Purchase Order, please bill me.	Card Number
<input type="checkbox"/> Bill my Credit Card.	Expiration Date
(If using Credit Card, please circle one.)	Amount of Payment
American Express MasterCard	Date
VISA	Signature

Mail to: NLTN, 305 South St., Boston, MA 02130-3597 or Fax to: (617) 983-8037
For further information call: (617) 983-6278